REVIEW AND EVALUATION OF CLINICAL DATA

NDA: 19-839 SE5-044 and 20-990 SE5-010
SPONSOR: Pfizer
DRUG: Sertraline
MATERIAL SUBMITTED: Pediatric Exclusivity Supplement
DATE SUBMITTED: 12-14-01
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PDUFA DUE DATE: 10-17-02
REVIEWER: Andrew D. Mosholder, M.D., M.P.H.
REVIEW COMPLETION DATE: 8-13-02

Executive Summary

I. Recommendations

A. Recommendation on Approvability

The sponsor's proposed claim for the treatment of pediatric major depressive disorder is not supported by the data in this submission. Both pivotal studies failed to distinguish sertraline from placebo on the primary outcome measures. The sponsor has proposed pooling the data from the two trials to yield a statistically significant result, on the basis that the trials were conducted under identical protocols. This, however, would be a major departure from our usual policies discouraging pooling of efficacy data.

B. Recommendation on Phase 4 Studies and/or Risk Management Steps If Approvable: This is not applicable.

II. Summary of Clinical Findings

A. Brief Overview of Clinical Program: The sponsor conducted two randomized, double blind, placebo controlled, parallel group trials, designated 1001 and 1017. Each trial involved approximately 200 children and was 10 weeks in duration. The protocols for both trials were identical. In addition to these double blind studies, there were 3 open label safety studies, one of which was ongoing at the time of submission.

B. Efficacy: If the data from the two trials are pooled then the results show statistical superiority for sertraline over placebo. However, neither trial by itself showed superiority of sertraline to placebo on the a priori primary outcome measures.

C. Safety: The most important safety finding is the degree of weight loss observed with sertraline in comparison to placebo. Weight loss was particularly prominent among children, with 7.1% of the children on sertraline losing at least 7% of their baseline weight, compared to no children on placebo having such weight loss.

D. Dosing: The dosages studied were identical to those for adults; i.e., 50-200 mg daily.

E. Special Populations: This supplement is limited to pediatric data.